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RURAL DISTRICT OF WAYLAND.

THE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

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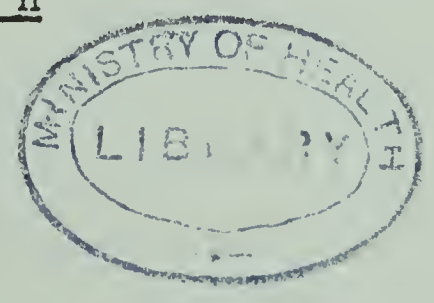
THE

REPORTS

OF THE

SANITARY INSPECTORS AND

WATERWORKS ENGINEER.



1953.

S T A F F .

Medical Officer of Health:

ROBERT N.C. McCURDY,
M.B., Ch.B., D.P.H.

Sanitary Inspector and
Inspector under Petroleum Acts:

A.T. BOORE,
M.R. San. I., M.S.I.A.
(also holds the Certificate for the Inspection of
Meat and other Foods).

Additional Sanitary Inspector:

A.E. SHELDRAKE,
Cert.S.I.J.B.

Chief Waterworks Engineer:

M.G.M. SHORT,
A.I.W.E.

- - - - -

Committees concerned with matters of Public Health:

WATER AND SEWERAGE COMMITTEE.
PUBLIC HEALTH COMMITTEE.
HOUSING COMMITTEE.

- - - - -

GENERAL STATISTICS

Area in acres	...	...	...	...	...	...	106,881
Population (estimated at mid-year by Registrar General)							19,230
Number of inhabited houses	...	...	...	...	...	...	5,973
Rateable Value	...	...	...	...	...	...	£68,248
Product of 1d Rate	...	...	...	...	...	...	£ 285

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1953.

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to present to you my Annual Report for the year 1953.

The favourable trends in vital statistics which I noted last year have continued. The birth rate has continued to rise, and the death rate has continued to fall. Both continue to compare very favourably with the national rates. Deaths from tuberculosis dropped from 6 in the previous year to 1 in 1953, but notifications of new cases rose from 9 in 1952 to 15 in 1953.

Epidemics of whooping cough and measles continued but on a larger scale than in 1952. Five cases of poliomyelitis were notified, of these, three were confirmed.

MILK AND DAIRIES REGULATIONS, 1949.
REGULATION 20.

At the beginning of 1953, restrictions were in force on the sale of milk from seven herds owing to the presence of *Brucella abortus*. At the end of 1953 restrictions remained in force in respect of one or more animals in each of these herds, and fresh restrictions were placed on the milk from two further herds.

FOOD POISONING OUTBREAKS.

One outbreak of food poisoning was notified. The cause was identified as *Salmonella typhimurium*, but the foodstuff which contained this organism, and how it became contaminated, was not discovered. Five persons in one household were involved in this outbreak.

In addition, out of five cases of dysentery notified, *Shigella sonnei* was isolated in four cases. These were associated with a larger outbreak outside the District.

NATIONAL ASSISTANCE ACT, 1948.

Section 47. "Removal to suitable premises of persons in need of care and attention."

In my Annual Report last year I said: "I can see no justification for trying to fit the elderly against their will into new and unfamiliar, albeit more hygienic, surroundings, even if, which is doubtful, their lives might be prolonged a little thereby."

It is clear that this question needs to be discussed in rather more detail. It does not appear to be fully appreciated that this legislation authorises the forcible removal from their homes of old people in full possession of their mental faculties.

Under Part III of the National Health Service Act, 1946, certain duties which have a bearing on old people are laid upon Local Health Authorities. They are as follows :-

" It shall be the duty of every local health authority to make provision in their area for the visiting of persons in their homes by..... health visitors, for the purpose of giving advice as to the care of..... persons suffering from illness....."

It shall be the duty of every local health authority to make provision in their area..... for securing the attendance of nurses on persons who require nursing in their own homes."

In addition "A local health authority may make such arrangements as the Minister may approve for providing domestic help for households where such help is required owing to the presence of any person who is ill.....(or) aged...."

It should not be necessary to add that the kindness of neighbours and relatives should also play a part in helping elderly people, but simple virtues of this kind are not encouraged in the Welfare State with its emphasis on rights rather than duties.

However a loop-hole was provided, so that if the plan provided by the National Health Service Act did not fit the individual, the individual could, under Section 47 of the National Assistance Act, be forced to fit the plan.

It is important to consider the reasons given for wishing to remove elderly persons from their homes.

There is the complaint that she "is now becoming a nuisance to adjoining tenants". It is always hard to define a nuisance, but it would need to be a very serious nuisance indeed to justify depriving the offender of her liberty. In this case the old lady had been known to empty her chamber down the gully in the common yard at the back of her house.

A community which tolerates innumerable pail closets does not seem to be very concerned about sanitation.

"There is a fear that she may cause an outbreak of fire." This is one of the commonest complaints. It may be a cause of genuine alarm to the other dwellers in a row of cottages, but again I cannot see that it justifies the forcible removal of an old person from their home.

A community which lets off the drunken motorist with a small fine does not seem to be unduly worried about safety, and a person with advanced tuberculosis is allowed to refuse treatment and live and work amongst other unsuspecting people. In the latter case I was informed that "because the person concerned is able but unwilling to devote to herself proper care and attention, Section 47 of the National Assistance Act, 1948, cannot apply." It is curious that inability to devote proper care and attention to oneself should be considered more blameworthy than unwillingness to do so.

The anxiety may be for the old persons themselves: "It is a shame they should be living as they are." To me it would be a far greater shame to ignore their wishes. Or: "being blind I fear for her safety....." I pointed out last year that a blind person is safest in familiar surroundings.

Sometimes it is a relative who expresses these fears: "I never have peace of mind about her and always fear that something will happen to her." This argument, although understandable enough, is often rather a selfish one. The relatives are more anxious to be spared anxiety than to help the old person live in the way they want to live. Carried a stage further, one would have to confine all elderly persons to bed because of the increased risk they run of being involved in road accidents or falling downstairs.

"The Home Help declined to work there further owing to the insanitary conditions." This reason brings one to the fundamental question. Has the community any right to force old people out of their homes because it is administratively inconvenient to look after them where they are ?

An equally important question is raised by another reason which has been given: "If it is left too long it is probable they will die when removed..... but if action is taken in good time,..... the person concerned, after being cleaned up and given the necessary treatment, can settle down to a reasonably happy and comfortable existence."

The question is this. What right have we to impose upon people who are in their right minds, not seriously endangering others and neither acutely ill and potentially curable nor actually bedridden, a way of living which we happen to think is best ?

These old people are not often very eloquent, but this is how one old man put it to me: "I hope you wont be offended, but I think old people dont have so long to live when they go to hospitals.....I dont suppose I should last long once I took to my bed, it keeps me going to mess about looking after things." This individual was described to me as being "in a filthy state" and "very obstinate", when he did finally have to take to his bed, friends and relatives rallied round and he died well cared for, in his own home, as he had wished it to be.

The very fact that compulsory powers exist tends to lessen one's endeavours to find a less drastic solution, but the problem is too big not to make the attempt. With the proportion of elderly people in the population increasing rapidly it will get bigger.

In the annual report of the joint committee of the Order of St. John and the British Red Cross last year, it is stated that: "One of the great problems still facing the nursing section of the joint committee is that of the old person living alone in her small flat and becoming increasingly unfit to look after herself, but who would be heartbroken to leave her known surroundings. Often the best appointed home is a poor substitute for a "niche of one's own" and the disruption brought about by a change is frequently detrimental to health."

In the report of a survey in Oxfordshire of elderly people who live alone: "It is suggested that the local authority, through its health visitors, should supervise all old people living alone who are over 70; the health visitor should also supervise old couples when both are frail; there should be an extension of the cheap milk scheme to all over 70; and all old people should be able, as of right, to claim a substantial supplementary allowance of coal."

In a village in Kent of less than 500 inhabitants "16 flats have been built by a housing association" to house "old people (who) all with close local associations, have their own small, carefully planned flats near their friends, and handy to the district nurse in case of need."

Mr. MacLeod, Minister of Health, has said: "No old person - nonpatient of any age - ought ever to be removed from his own home to a hospital or institution solely for lack of such care as a home help can give. Here is a vast field for voluntary effort and a great opportunity for the local authority to act as rallying points for that effort."

At best this legislation is a survival of the Poor Law attitude that indigence is a crime. At worst it is well on the road to dictatorship, for if the inconvenient old people are to be removed from their homes, why not also the politically inconvenient, and why stop at removal ?

SMOKING AND LUNG CANCER.

On the 12th February, 1954, the Minister of Health announced that : "It must be regarded as established that there is a relationship between smoking and cancer of the lung."

He went on to say that: "Though there is a strong presumption that the relationship is causal, there is evidence that the relationship is not a simple one, since the evidence in support of the presence in tobacco smoke of a carcinogenic agent causing cancer of the lung is not yet certain." He is reported to have said that: "He considered the time had not yet come when the Ministry should issue public warnings against smoking, but that it is desirable that young people should be warned of the risks apparently attendant on excessive smoking."

One's reactions to this announcement seem to depend upon whether one is a smoker or not.

To a non-smoker it was an astonishing statement. It was rather as if the Chairman of the Council, who happened to be the principal shareholder in the local waterworks, were to have said: We now know that the increasingly large number of deaths from poisoning each year are associated with the local water supply. We do not propose to take any steps to protect the public, however, since the nature of the substance present in the local water supply which is contributing to these deaths is unknown.

Cancer of the lung killed 14,218 persons in England and Wales in 1952. The total has been rising year by year and shows no sign of decreasing. In 1953, only 5,070 people by comparison were killed on the roads, although this was more than in 1952. In 1952 only 9,335 people died of tuberculosis, the mortality from which is declining.

Figures from a number of hospitals throughout the country, suggest that the risk of developing lung cancer "may be approximately 50 times as great among those who smoke 25 or more cigarettes a day as among non-smokers," and that the risk of developing the disease for smokers as a whole is about 9 times as great as it is for non-smokers. From the latter figure it has been calculated that more than 10,000 deaths from lung cancer each year are probably attributable to tobacco.

It is true that deaths from lung cancer have been consistently higher in urban areas than in rural areas, although "the rates of increase of mortality have been closely similar in both types of area". "No common occupations, as for example, motor-driving or building, have ever been incriminated as being responsible for above-average incidence," with the exception of working in the gas industry. There would seem to be, therefore, "some general factor common to all town dwellers" such as "the pollution of the atmosphere caused by domestic and industrial smoke" which is responsible for their increased liability to lung cancer.

But there remains the obstinate fact that pollution from domestic smoke has become obviously less while the incidence of the disease has increased. It may be that the factor associated with urbanisation is particularly effective when accompanied by an agent in tobacco smoke. If it should be proved that this is so, is it easier to give up using tobacco or to give up using coal ?

Exactly one hundred years ago cholera was raging in London. The cause of cholera was not known, but it was proved that its spread was associated with drinking water. This knowledge was not fully accepted for some years, but it was nevertheless used to control the last major cholera epidemic in Britain in 1866 seventeen years before the bacteria which causes cholera was discovered.

It would be pathetic if history were to be repeated and 22 years were to elapse "before steps can be taken to halt the rapid increase in the mortality from bronchial carcinoma and to turn it into an even more dramatic decline," just because the actual substance causing lung cancer is unknown.

"Few now doubt that abolition of the cigarette, or abstinence from its use, would be the most beneficent single step in cancer prevention available to us to-day". (British Medical Journal, December 19th, 1953).

MEDICAL STATISTICS.

<u>BIRTHS.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Live Births	158	163	321
Stillbirths	2	7	9

POPULATION AT MID-YEAR, BIRTHS, BIRTHRATE, STILLBIRTHS, STILLBIRTH RATES, DURING THE PAST FIVE YEARS.

	<u>1949.</u>	<u>1950.</u>	<u>1951.</u>	<u>1952.</u>	<u>1953.</u>
Population	17,775	18,690	20,830	19,050	19,230
Births (total)	268	301	295	308	321
Birthrate per 1000 of population ...	15.3	16.1	14.2	16.2	16.7
Stillbirths	8	9	9	7	9
Stillbirth rate per 1000 of population	0.46	0.45	0.43	0.37	0.47
Stillbirth rate per 1000 total births	29.0	29.0	29.6	22.2	27.3

DEATHS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
All ages	87	91	178
Infants under 1 year	5	7	12

CAUSES OF DEATH OF INFANTS UNDER 1 YEAR.

<u>Cause.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Prematurity	0	2	2
Congenital malformation	2	2	4
Birth injury	2	1	3
Marasmus	1	0	1
Necrosis of liver	0	1	1
Gastro-enteritis	0	1	1
	<u>5</u>	<u>7</u>	<u>12</u>

POPULATION AT MID-YEAR, DEATHS, DEATHRATE,
INFANT DEATHS AND INFANT MORTALITY RATE,
DURING THE PAST FIVE YEARS.

				<u>1949.</u>	<u>1950.</u>	<u>1951.</u>	<u>1952.</u>	<u>1953.</u>
Population	...	...	...	17,775	18,690	20,830	19,050	19,230
Deaths	...	...	...	219	218	239	212	178
Deathrate per 1000 of population	...	...	...	12.5	11.7	11.5	11.1	9.3
Infant Deaths	...	...	...	6	4	9	7	12
Infant Mortality Rate per 1000 live births...	...	...	...	22.0	13.3	30.5	22.7	37.4

DEATHS FROM CERTAIN SELECTED CAUSES
DURING THE PAST FIVE YEARS.

<u>Cause.</u>				<u>1949.</u>	<u>1950.</u>	<u>1951.</u>	<u>1952.</u>	<u>1953.</u>
Tuberculosis	...	...	...	3	1	3	6	1
Bronchitis and Pneumonia	...	...	...	18	15	25	12	11
Other Notifiable infectious diseases	...	...	...	0	1	1	1	0
Motor vehicle and other accidents	...	...	...	1	9	14	9	7
Pregnancy, childbirth and abortion	...	...	...	0	0	0	0	0
Cancer				30	34	32	32	29

DEATHS ACCORDING TO AGES (Compiled from returns
submitted by the District Registrar).

<u>Age Group.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Under 1 Year	5	7	12
1 and under 5	0	0	0
5 " " 10	0	0	0
10 " " 20	0	0	0
20 " " 30	2	0	2
30 " " 40	1	2	3
40 " " 50	2	1	3
50 " " 60	8	10	18
60 " " 70	13	12	25
70 " " 80	38	28	66
80 " " 90	14	24	38
90 and Over	4	7	11
Totals	87	91	178

CAUSES OF DEATH AT AGES ABOVE 1 YEAR AND BELOW 50.

<u>Age Group.</u>	<u>Cause.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
20 to 30	Road Accident	1	0	1
	Meningioma	1	0	1
30 to 40	Road accident	1	0	1
	Uraemia	0	1	1
	Lupus	0	1	1
40 to 50	Suicide	1	0	1
	Cerebral Neoplasm	1	0	1
	Pneumonia	0	1	1

DEATHS FROM ALL CAUSES (Registrar
General's Short List).

<u>List No.</u>	<u>Cause.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
1	Tuberculosis, respiratory	0	1	1
2	Tuberculosis, other	0	0	0
3	Syphilitic disease	1	0	1
4	Diphtheria	0	0	0
5	Whooping cough	0	0	0
6	Meningococcal infections	0	0	0
7	Acute Poliomyelitis	0	0	0
8	Measles	0	0	0
9	Other infective and parasitic diseases	0	0	0
10	Malignant neoplasm, stomach	3	1	4
11	Malignant neoplasm, lung, bronchus	1	1	2
12	Malignant neoplasm, breast	0	4	4
13	Malignant neoplasm, uterus	0	3	3
14	Other malignant and lymphatic neoplasms	8	8	16
15	Leukaemia, aleukaemia	1	0	1
16	Diabetes	0	2	2
17	Vascular lesions of nervous system	6	13	19
18	Coronary disease, angina	16	16	32
19	Hypertension with heart disease	0	2	2
20	Other heart disease	10	12	22
21	Other circulatory disease	6	9	15
22	Influenza	1	0	1
23	Pneumonia	3	4	7
24	Bronchitis	3	1	4
25	Other diseases of respiratory system	1	0	1
26	Ulcer of Stomach and duodenum	0	0	0
27	Gastritis, enteritis and diarrhoea	0	2	2
28	Nephritis and nephrosis	3	0	3
29	Hyperplasia of prostate	2	0	2

DEATHS FROM ALL CAUSES (Continued).

<u>List No.</u>	<u>Cause.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
30	Pregnancy, childbirth, abortion	0	0	0
31	Congenital malformations	1	0	1
32	Other defined and ill-defined diseases	13	12	25
33	Motor vehicle accidents	5	0	5
34	All other accidents	2	0	2
35	Suicide	1	0	1
36	Homicide and operations of war	0	0	0
	All causes	87	91	178

THE FOLLOWING TABLE COMPARES BIRTHRATES, DEATHRATES &C. OF THIS DISTRICT WITH THOSE OF ENGLAND AND WALES AND OF THE ADMINISTRATIVE COUNTY OF NORFOLK IN 1953.

	<u>England and Wales.</u>	<u>Norfolk.</u>	<u>District.</u>
Birthrate	15.5	15.5	16.7
Stillbirth rate per 1000 of population	0.35	0.33	0.47
Deathrate	11.4	11.7	9.3
Infant Mortality Rate per 1000 live births	26.8	25.9	37.4
Tuberculosis deathrate per 1000 population	0.20	0.07	0.05
Tuberculosis case rate per 1000 population		0.59	0.78

INFECTIOUS DISEASES NOTIFIED DURING THE LAST FIVE YEARS.

	<u>1949.</u>	<u>1950.</u>	<u>1951.</u>	<u>1952.</u>	<u>1953.</u>
Tuberculosis, all sites	12	23	22	9	15
Typhoid	0	0	1	0	0
Scarlet fever	32	70	13	27	22
Whooping Cough	17	133	190	54	98
Erysipelas	1	0	7	2	3
Ophthalmia neonatorum	0	0	0	1	0
Dysentery	0	1	0	2	5
Malaria	0	1	0	0	0
Measles	47	574	45	194	390
Poliomyelitis	10	36	6	10	5
Pneumonia	19	6	26	8	7
Puerperal pyrexia	0	0	1	1	0
Food poisoning	2	1	4	5	5
Infectious jaundice	16	9	11	6	3
Meningitis	0	0	0	0	1
Encephalitis	0	0	0	0	1

INFECTIOUS DISEASES NOTIFIED IN 1953, BY AGES.

<u>Disease.</u>	<u>Under 1 Yr.</u>	<u>1-5.</u>	<u>5-10.</u>	<u>10-15.</u>	<u>15-25.</u>	<u>25-45.</u>	<u>45-65.</u>	<u>Over 65.</u>	<u>Total.</u>
Tuberculosis, all sites.	0	0	2	1	0	8	3	1	15
Scarlet fever	1	2	14	2	1	2	0	0	22
Whooping cough	6	30	56	5	0	1	0	0	98
Erysipelas	0	0	0	0	0	0	2	1	3
Dysentery	0	0	0	1	1	2	0	1	5
Measles	6	117	213	38	6	8	2	0	390
Poliomyelitis	0	0	0	2	0	3	0	0	5
Pneumonia	0	0	0	0	1	0	4	2	7
Infectious Jaundice	0	0	1	0	0	1	1	0	3
Food poisoning	1	1	0	0	1	2	0	0	5
Meningitis	0	1	0	0	0	0	0	0	1
Encephalitis	0	0	0	0	0	1	0	0	1

INFECTIOUS DISEASES NOTIFIED IN 1953,
BY MONTH OF NOTIFICATION.

<u>Disease.</u>	<u>Jan.</u>	<u>Feb.</u>	<u>Mch.</u>	<u>Apl.</u>	<u>May</u>	<u>Jun.</u>	<u>Jly.</u>	<u>Aug.</u>	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>	<u>Total.</u>
Tuberculosis, all sites	2	2	0	3	0	1	2	2	0	0	2	1	15
Scarlet fever	5	1	6	1	0	1	3	2	0	0	1	2	22
Whooping cough	0	2	1	5	8	2	5	11	17	31	13	3	98
Erysipelas	1	0	0	0	0	0	1	0	0	1	0	0	3
Dysentery	0	0	0	1	0	1	2	1	0	0	0	0	5
Measles	59	21	24	44	70	39	107	22	1	1	1	1	390
Poliomyelitis	0	0	0	0	1	2	1	0	1	0	0	0	5
Pneumonia	2	1	0	0	1	0	1	0	0	1	0	1	7
Infectious jaundice	0	0	0	0	0	0	0	1	0	1	1	0	3
Food poisoning	0	0	0	0	0	5	0	0	0	0	0	0	5
Meningitis	1	0	0	0	0	0	0	0	0	0	0	0	1
Encephalitis	0	0	0	0	0	0	0	1	0	0	0	0	1

INFECTIOUS DISEASES NOTIFIED IN 1953,
ACCORDING TO PARISHES.

<u>Parish.</u>	<u>Tuberculosis all sites.</u>	<u>Scarlet fever.</u>	<u>Whooping cough.</u>	<u>Erysipelas.</u>	<u>Dysentery.</u>	<u>Measles.</u>	<u>Poliomyelitis.</u>	<u>Pneumonia.</u>	<u>Infectious Jaundice.</u>	<u>Food Poisoning.</u>	<u>Meningitis.</u>	<u>Encephalitis.</u>
Attleborough	0	2	4	0	5	10	0	1	0	0	0	0
Banham	0	3	2	0	0	1	1	0	0	0	0	0
Besthorpe	1	0	2	0	0	3	0	0	0	0	0	0
Blo' Norton	0	0	0	0	0	1	0	0	0	0	0	0
Brettenham	0	1	0	0	0	1	0	0	0	0	0	0
Bridgham	0	0	0	1	0	2	0	0	0	0	0	0
Buckenham New	0	1	0	0	0	2	0	0	0	0	0	0
Buckenham Old	1	0	0	0	0	4	1	0	0	5	0	0
Carbrooke	1	0	0	0	0	51	0	0	0	0	0	0
Caston	1	0	7	0	0	34	0	0	0	0	0	0
Croxton	0	2	1	0	0	22	0	1	0	0	0	0
Eccles	1	0	0	0	0	0	0	0	0	0	0	0
Ellingham Great	0	1	1	0	0	1	0	0	1	0	1	0
Ellingham Little	0	1	1	0	0	0	1	0	0	0	0	0
Garboldisham	0	1	0	0	0	7	0	0	0	0	0	0
Griston	0	0	2	0	0	24	0	0	0	0	0	0
Harling	2	0	38	0	0	26	1	0	0	0	0	0
Hockham	1	0	3	0	0	12	0	1	0	0	0	0
Kenninghall	0	3	8	0	0	0	0	1	2	0	0	0
Kilverstone	0	0	0	0	0	3	0	0	0	0	0	0
Lopham North	1	0	0	1	0	0	0	0	0	0	0	0
Lopham South	0	0	0	0	0	1	0	0	0	0	0	0
Merton	1	0	0	0	0	26	0	0	0	0	0	0
Ovington	0	0	2	0	0	5	0	0	0	0	0	0
Riddlesworth	0	2	0	0	0	3	0	0	0	0	0	0
Rocklands	1	1	1	0	0	6	1	1	0	0	0	0
Roudham	0	0	1	0	0	1	0	0	0	0	0	0
Scoulton	0	0	0	0	0	0	0	0	0	0	0	0
Shropham	0	0	1	0	0	3	0	0	0	0	0	0
Snetterton	0	0	0	1	0	0	0	0	0	0	0	0
Stow Bedon	0	0	0	0	0	16	0	0	0	0	0	0
Thompson	0	0	0	0	0	25	0	0	0	0	0	0
Tottington	0	0	0	0	0	0	0	0	0	0	0	0
Watton	4	3	18	0	0	67	0	1	0	0	0	0
Wretham	0	1	6	0	0	33	0	1	0	0	0	1
Totals	15	22	98	3	5	390	5	7	3	5	1	1

THE FOLLOWING TABLE SHOWS THE NUMBER OF CASES
ON THE TUBERCULOSIS REGISTER AT 31ST DECEMBER,
1953, COMPARED WITH 31ST DECEMBER, 1952.

	<u>Pulmonary.</u>			<u>Non-Pulmonary.</u>			<u>Grand Total.</u>
	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>	
31.12.52	34	26	60	26	18	44	104
31.12.53	39	32	71	26	22	48	119

I should like to thank the Chairman and Members of the Council and my colleagues on the staff for their continued support and help during the year.

I have the honour to be,
Your obedient Servant,

ROBERT N. C. McCURDY,
Medical Officer of Health.

REPORT OF THE WATERWORKS ENGINEER FOR THE YEAR 1953.

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to submit my report for the year 1953.

The quality and quantity of the mains water supply has been satisfactory throughout the year. Samples were taken and water treated as in previous years.

Main laying in Stage II of the Regional Water Scheme was continued, 25,201 yards were laid during the year, making a total of 36,241 yards laid in Stage II.

<u>Premises and Farms Connected.</u>	<u>Domestic.</u>	<u>Meter.</u>
Attleborough	783	105
Besthorpe	79	17
Banham	208	54
Blo' Norton	61	25
Brettenham	1	-
Bridgham	51	5
Buckenham New	103	11
Buckenham Old	236	58
Carbrooke	30	6
Croxton	65	9
Caston	10	1
Eccles/Hargham/Quidenham/Wilby	110	18
Ellingham Little	20	3
Ellingham Great	47	8
Garboldisham	133	34
Griston	10	2
Harling	242	30
Hockham	12	-
Kenninghall/Fersfield	186	46
Larling/Roudham	29	7
Lopham North	94	30
Lopham South	83	38
Merton	12	-
Morley	6	1
Ovington	4	-
Riddlesworth/Gasthorpe	22	4
Rockland	22	-
Snetterton	8	1
Scoulton	32	6
Shropham	5	1
Stow Bedon	6	1
Thompson	20	2
Wretham	23	8
Watton	498	48
	<u>3251</u>	<u>579</u>

Lincolne Sutton & Wood.

The County Laboratories,
Norwich.

Cert. No. 67E.

24th April, 1953.

CERTIFICATE OF ANALYSIS OF WATER.

Sample received from Wayland R.D.C. per Mr. M.G.M. Short,
Marked tap in Softener House, Old Buckenham Waterworks, 15.4.53.
Date received: 15.4.53. Appearance when received: Clear, very slight
deposit.

Nature of Deposit: Slight trace of vegetable matter.
Colour: Colourless. Odour: Nil.
Reaction: Alkaline. pH 9.05 Taste: Satisfactory.

RESULT OF CHEMICAL ANALYSIS IN PARTS PER MILLION.

Ammoniacal nitrogen : 0.05	Chlorine as chlorides: 36.0
Albuminoid nitrogen : 0.01	Oxygen absorbed (4 hr. 27°C): 0.54
Nitrate nitrogen : Nil	Hardness as CaCO ₃ :
Nitrite nitrogen : 0.06	Total 90.0 = 36.3° Clark.

BACTERIOLOGICAL RESULTS.

Number of colonies developing per ml. in 48 hours at 37°C. : Nil.
Presumptive coliform organisms - probable number per 100 ml. : Nil.
B. Coli Type 1 ("faecal") : Absent.

OPINION.

This water is of very good organic and bacteriological quality.
The hardness is approximately the same as it was in July 1952. It is slightly
less alkaline in reaction now than it was then. This water is suitable for
drinking and general purposes.

(Signed) Eric C. Wood.

Lincolne Sutton & Wood.

The County Laboratories,
Norwich.

Cert. No. 68E.

24th April, 1953.

CERTIFICATE OF ANALYSIS OF WATER.

Sample received from Wayland R.D.C. per Mr. M.G.M. Short,
Marked tap in Pumping Station, Watton Waterworks, 14.4.53.
Date received: 15.4.53. Appearance when received: Bright and clear.
Nature of deposit: Slight trace of vegetable matter.
Colour : Colourless. Odour: Nil.
Reaction : Neutral. pH 7.2 Taste: Satisfactory.

RESULT OF CHEMICAL ANALYSIS IN PARTS PER MILLION.

Ammoniacal nitrogen : Trace.	Chlorine as chlorides : 22.0
Albuminoid nitrogen : Trace.	Oxygen absorbed (4 hr. 27°C) : 0.31
Nitrate nitrogen : 2.5	Hardness as CaCO ₃ :
Nitrite nitrogen : 0.001.	Total 138 = 39.7° Clark.

BACTERIOLOGICAL RESULTS.

Number of colonies developing per ml. in 48 hours at 37°C. : Nil.
Presumptive coliform organisms - Probable number per 100 ml. : Nil.
B. Coli Type 1 ("faecal") : Absent.

OPINION.

This water is in excellent condition both chemically and
bacteriologically. The hardness is only about half what it was in July 1952.
It is very suitable for drinking and general purposes.

(Signed) Eric C. Wood.

Lincolne Sutton & Wood.

The County Laboratories,
Norwich.

Cert. No. 70E.

24th April, 1953.

BACTERIOLOGICAL EXAMINATION OF WATER.

4 samples submitted by Wayland R.D.C. per Mr. M.G.M. Short,
collected from Standpipes as under on 14th April, 1953.

<u>Mark.</u>	<u>Colonies per ml.</u> <u>on agar at 37°C</u> <u>(2 days).</u>	<u>Coliform Organisms.</u> <u>(gas in McConkey broth at 37°C).</u>		
		<u>Present</u> <u>in (ml).</u>	<u>Absent</u> <u>in (ml).</u>	<u>Probable No.</u> <u>per 100 ml.</u>
Public Standpipe in Street at Croxton	1	-	100	Nil
Near Wretham No. 2 Pumping Station	Nil	-	100	Nil
Gasthorpe from Riddlesworth supply	1	-	100	Nil
(Deopham) Great Ellingham Pumping Station	Nil	-	100	Nil

Remarks :- These results are very satisfactory.

(Signed) Eric C. Wood.

Lincoln Sutton & Wood.

The County Laboratories,
Norwich.

Cert. No. 71E.

24th April, 1953.

BACTERIOLOGICAL EXAMINATION OF WATER.

Sample submitted by Wayland R.D.C. per Mr. M.G.M. Short,
collected from tap in Pumping Station on 20th April, 1953.

<u>Mark.</u>	<u>Colonies per ml.</u> <u>on agar at 37°C</u> <u>(2 days).</u>	<u>Coliform Organisms.</u> <u>(Gas in McConkey broth at 37°C).</u>		
		<u>Present</u> <u>in (ml).</u>	<u>Absent</u> <u>in (ml).</u>	<u>Probable No.</u> <u>per 100 ml.</u>
No. 1 Station, Wretham.	Nil	-	100	Nil

Remarks :- This result is now very satisfactory.

(Signed) Eric C. Wood.

M. G. M. SHORT,
WATERWORKS ENGINEER.